

Member Request for Pension Estimates

July 2011



Print clearly using black ink.

1. Member Information

Member name: _____
first name last name middle initial(s)

Social insurance number (SIN): Date of birth: |_____| |_____| |_____|
month day year

Spouse's name: _____ Spouse's date of birth: |_____| |_____| |_____|
month day year

Home tel: _____ Business tel (optional): _____

Address: _____
number street apt.

_____ city province postal code

I am currently (choose all that apply):

- a full-time employee a part-time employee participating in HOOPP at more than one employer
(indicate percentage of time worked at this employer: _____ %)

2. Proposed Retirement Date |_____| |_____| |_____|
month day year

Member signature: _____ Date: |_____| |_____| |_____|
month day year

Please return your form to HOOPP at the address or facsimile number listed below. It will take up to five days to supply you with a confidential estimate. If, in the meantime, you have any questions about your pension, talk to your employer's human resources department or contact a HOOPP client service representative. Representatives are available to help you Monday to Friday, from 8 a.m. to 5 p.m.

Healthcare of Ontario Pension Plan

1 Toronto St., Suite 1400 Tel: 416-646-6445
Toronto, ON Toll-free: 1-877-43HOOPP(46677)
M5C 3B2 Fax: 416-369-0225
Website: hoopp.com E-mail: clientservices@hoopp.com

- Send this form to HOOPP
- Keep a copy for your files